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Research letter

Volunteering and getting into medical school

**A. Tinker, V.Berdugo, M. Buckland, L. Crabtree, A. Maheswaran, A. Ong, J. Patel,
E. Pusey, C. Sureshkumar**

**All at Institute of Gerontology, Department of Global Health and Social Medicine,
King's College London, UK**

Keywords

Geriatrics, Medical education, Volunteering, Older people.

The overall aims

The aim of this research was to examine whether volunteering in a care home by prospective medical students is taken into account by medical schools.

The research questions were:

1. Do medical schools in the UK take into account volunteering when choosing students?
2. Is working with older people one of the criteria?

Methods

An examination of the university websites and online prospectuses in Great Britain for 2017 entry to medical schools together with relevant literature.

1. Do medical schools in the UK take account of volunteering when choosing students?

Application to medical school in the UK is a highly competitive process. In the 2016 application process, there were 20,100 applicants for 6,000 places across the UK [1, 2]. While academic criteria, at least an A grade in three A level subjects, often stipulated to include chemistry or biology, is clearly outlined by medical schools, extracurricular and work experience requirements are less well defined [3, 4].

An ageing population means that there is a greater need to consider this group. Older people are heavy users of healthcare services. For example, studies have shown that people between the ages of 80 and 84 years have more family physician visits, more visits to emergency services and more prescribed medications [5]. Studies have also shown that doctors spend a large proportion of their time caring for older adults [6]. The increased focus on older people within healthcare services is promoted by the World Health Organisation (WHO) and many Geriatrics societies [7]. Perhaps as a result, there are already innovations being made at a medical school level and approaches used to teach geriatric medicine, such as student-led teaching, are starting to be investigated [6, 8]. But, beginning the focus before medical school, with volunteering and work experience, may also be beneficial.

Research into medical school websites and prospectuses revealed that eight of thirty-two medical schools mention the value of volunteering in places where older people are likely to

be, such as a care or nursing home, but only one medical school referred to “older people” or the “elderly” specifically. Despite this ambiguity, many prospective medical students volunteer with older people in a caring role, such as in care homes, to enhance their medical school applications.

In summary the research showed that volunteering was one criteria for choosing future students although high academic results were the most important. We now examine the criteria in detail.

Academic grades

Examining the websites and prospectuses of the 32 Medical schools for entry in 2017 showed that all required straight A (or A*) grades but the other criteria were varied. Therefore, while academic criteria is the most important, there is great variation in other requirements.

A study of assessment of personal qualities in relation to admission to medical school showed that the admission of school-leavers to medical schools in the UK is usually based upon high academic attainment [4]. In school-leaving examinations this has been shown to predict success in completing the course by some but not all researchers. Attainment in A-level examinations has been shown to predict career outcome in terms of continuing to practice, place of practice and number of publications. However, Lumsden et al show that high academic thresholds may discriminate against those from disadvantaged backgrounds as these discourage both applicants and teachers. Furthermore, applicants from disadvantaged backgrounds find current admissions requirements difficult to attain because they often lack opportunity or encouragement to maximize their academic potential.

The Royal Commission on Medical Education in 1968 recommended that entry to medical school should cease to be dependent on gaining ‘A’ levels in biology, chemistry and physics [9]. Despite these recommendations, many medical schools have continued to place emphasis on the three science subjects when selecting their entrants, with very high achievement being the major determinant of acceptance into the course.

These requirements and the increased competition for places among school-leavers have resulted in successful applicants being selected from the top 1-3% of academic achievers. This single criterion approach denies admission to equally capable secondary school students due to the inevitable margin of error around the cut-off mark. It also excludes many applicants with outstanding personal qualities and achievements. Encouraging accounts of successful experiences in measuring personal qualities are now being reported, resulting in increasing pressure on admissions committees to include an objective interview for the ranking of applicants.

Volunteering and shadowing

Twenty-three of the thirty-two medical schools mentioned some kind of volunteering and some coupled this with work experience. There was recognition that work experience is often difficult to obtain and one university said “we recognise the challenge of obtaining work experience and a period of volunteering in a caring role can be equally valuable”. Another said “get experience by talking to or observing healthcare professionals or by working within a related environment”. Many medical schools mentioned a healthcare environment but not all;

for example one said “experience of society can be gained from volunteering in charity shops, volunteering in hospitals, helping out at church etc.”

A few universities were specific; for example, one specified “not simply observing but a ‘hands on’ role is extremely valuable”. Another listed the inclusion of life experience including personal experiences both within and outside health and social care settings.

There is some evidence from the literature that volunteering has more value than shadowing. physicians [10]. There is value in shadowing; for example when a student is observing a clinician, the clinician is in a position to demonstrate ideal clinical behaviour. While volunteering provides patient interaction, students do not learn what it is like to be a physician. Some students have an idealistic view of the medical profession and benefit from seeing a more realistic side with shadowing. However, this may be unrepresentative of actual clinical behaviour, giving students false impressions. There are also some concerning issues with shadowing which may suggest that volunteering for medical students is a better option. Shadowing often just involves observation, since most are under eighteen and therefore cannot get involved in clinical practice. Longer experience of working with the public, in particular people who are ill, disabled or disadvantaged, is considered to be more valuable.

Work experience

In 2014 the Medical Schools Council produced *Work experience guidelines for applicants to medicine* [11]. Their general principles were that working with other people in a caring or service role, and in particular with people who are ill, disabled or disadvantaged is strongly recommended, as is direct observation of healthcare. However, they maintained that there is little benefit in repeating the same type of work experience.

Altruism

An American study shows that altruism is a vital quality that medical schools look for in medical students [12]. To assess if medical students display altruistic qualities, they often have to resort to an applicant’s past record of volunteering. However, Albanese et al suggest that most admission committees are not particularly interested in applicants who show signs of altruism in the period when the incentive to get into medical school provides the motivation for volunteering in various ways. In practice, most admission committees have little more to go on than an applicant’s record of volunteering.

2. Is working with older people one of the criteria?

As mentioned previously, only one UK medical school specifically mentions working with “older people”. One medical school said: “work experience and shadowing (diseased, disadvantaged and disabled)”. Other unusual suggestions were “riding for the disabled”, “voluntary contribution to your community”, “volunteering in a nursery”, “domestic caring responsibilities”, “working in a youth centre or working with young children” and “working with people who have ill-health or a disability”. Another has an extensive list of possible activities including “the guides, scouts, red cross or similar organisations”, “gap year experience” and “caring for a sick relative or first-hand experience of illness”. A more unusual suggestion included “employment in professional healthcare roles”. This would include, for example, nurses or other health professionals who want to change career. The outstanding

example where this happened is Dr Cecily Saunders, the renowned palliative care specialist, who trained as a nurse and social worker before studying medicine.

Conclusions and recommendations

High academic grades are still the main criteria for entry to medical school. Only two thirds of medical schools state in their criteria for entry the relevance of volunteering and, a smaller number, the experience of working with older people. Work experience is also mentioned. For students who want to gain entry, this is something they will want to do. However, not all students have the opportunity to gain this kind of volunteering or work experience. If medical schools wish to widen participation they may wish to take this into account.

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Ethical issues

The research did not need ethical approval by the College Research Ethics Committee at King's College London as it was purely paper and web-based.

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